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There is a single method for all LMEs to use to effectively measure service authorization and utilization data.

Realistic:

A single method does not meet the needs of all LMEs.

What works for our LME?

What does not work for our LME?

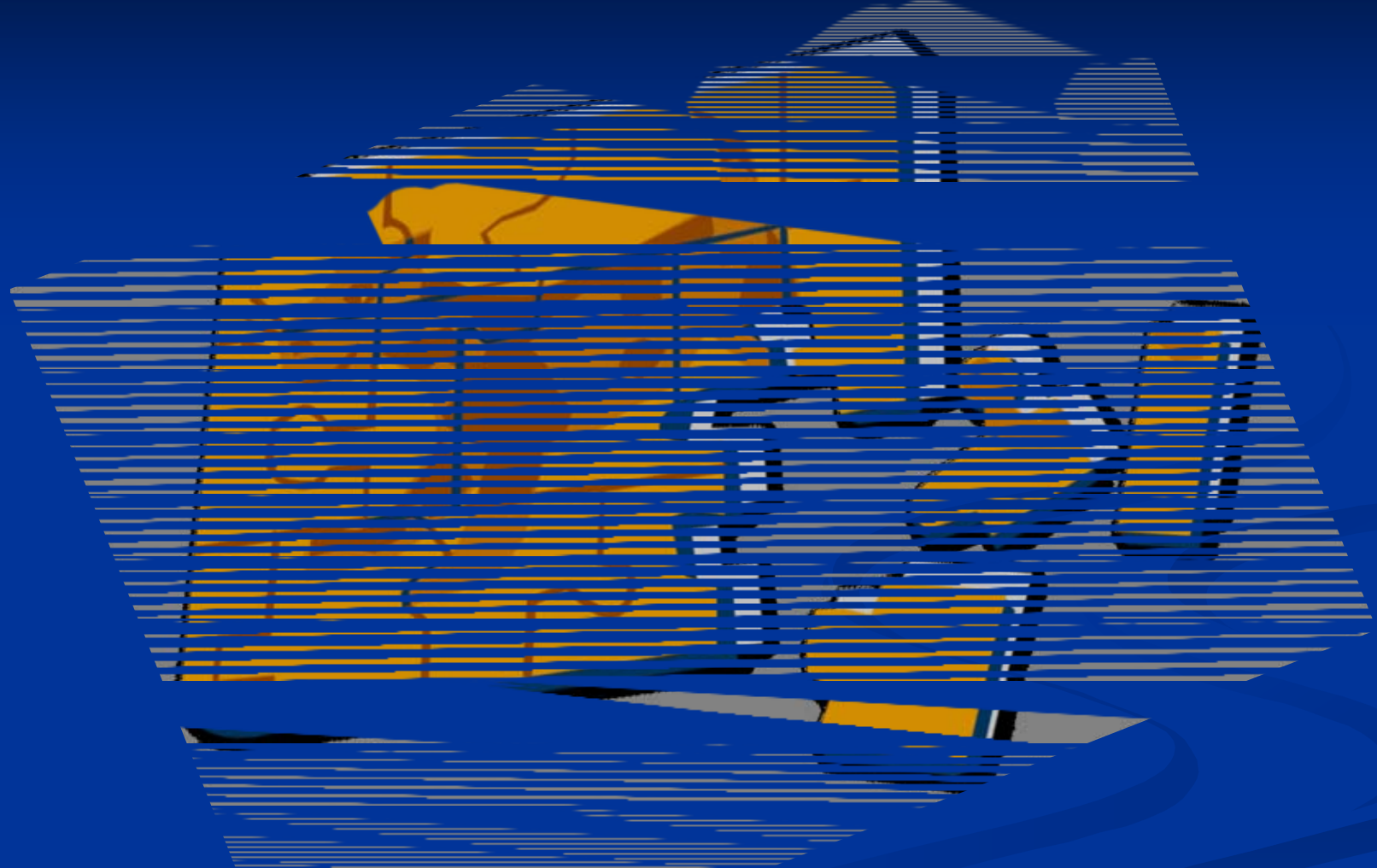Would our methods work for your LME?

Start With a Plan

Who is being served?

❖ Demographic information

❖ Target population(s)

❖ Service funding source

Who is serving these consumers?

- ❖ Consumer admissions/transfers

- ❖ Actual services authorized

- ❖ Provider caseload

We have the individual pieces...

How are we putting them together?

How well are these consumers being served?

We examine service quality by using:

❖ Access and timeliness

❖ System triggers

❖ High utilization

❖ Outcome measure compliance

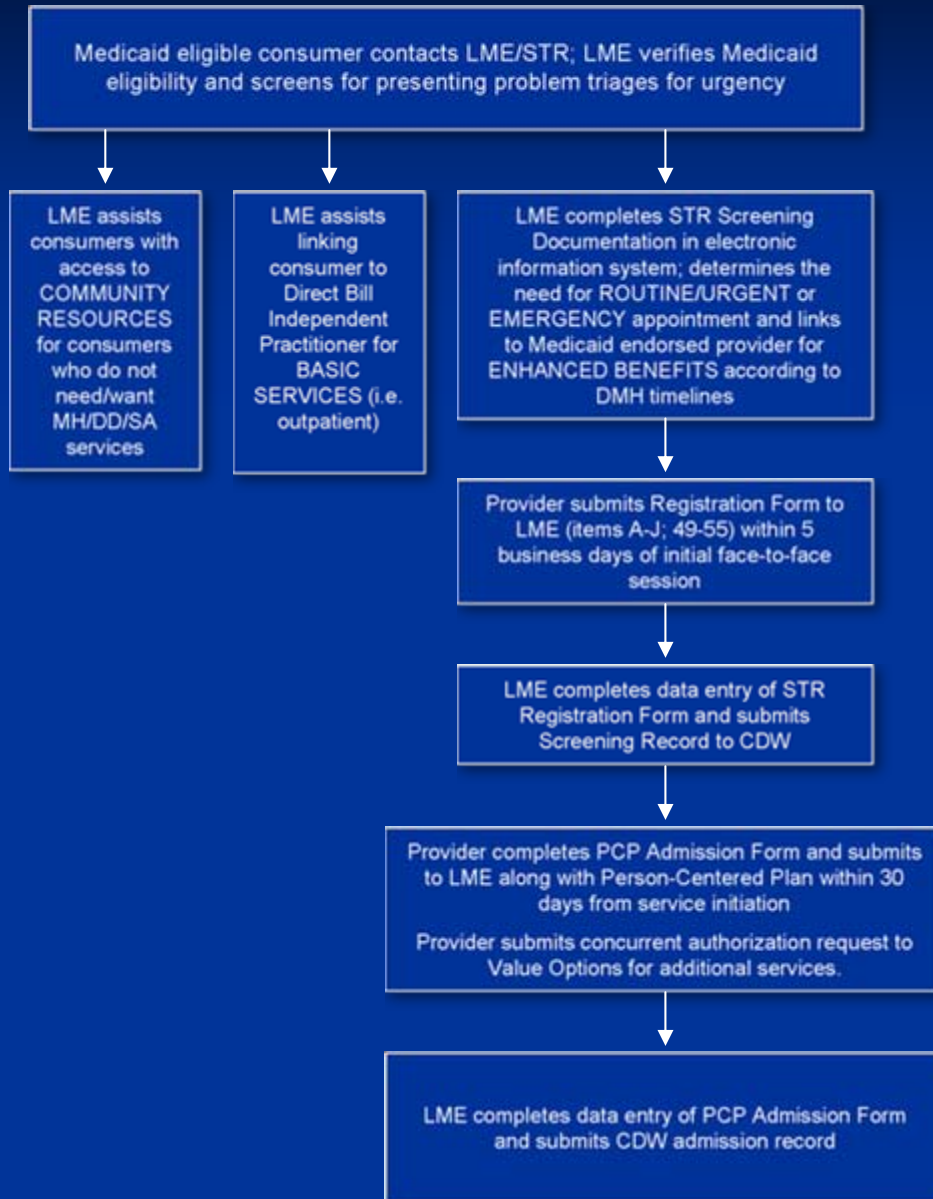❖ Provider monitoring database

Access and Timeliness

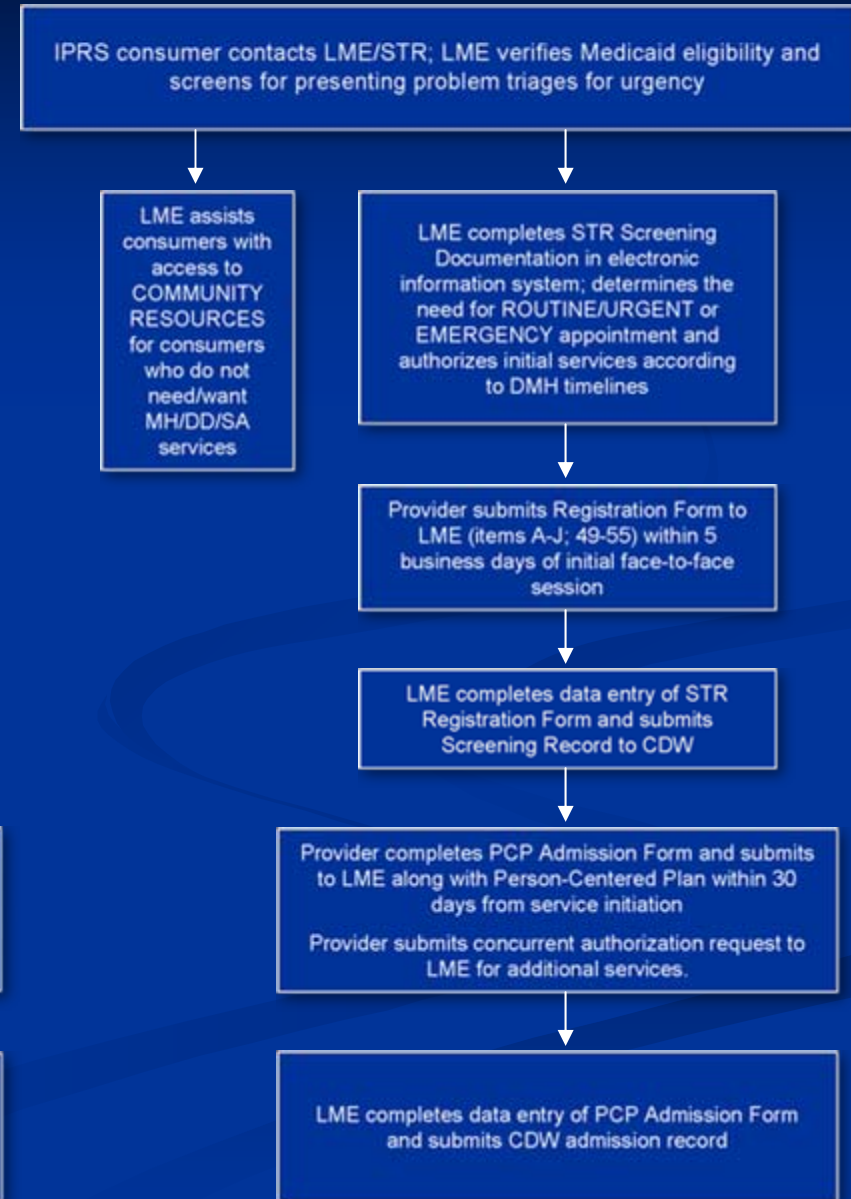Goal: Monitor consumer flow to ensure timely access to requested services

- ❖ Crisis facility screening/intake data

- ❖ LME screening data

- ❖ Intake tracking data by STR staff

- ❖ Additional follow-up with providers

SERVICE REQUEST THROUGH STR WORKFLOW

MEDICAID CONSUMERS

Medicaid eligible consumer contacts LME/STR; LME verifies Medicaid eligibility and screens for presenting problem triages for urgency

↓

LME assists consumers with access to COMMUNITY RESOURCES for consumers who do not need/want MH/DD/SA services

LME assists linking consumer to Direct Bill Independent Practitioner for BASIC SERVICES (i.e. outpatient)

LME completes STR Screening Documentation in electronic information system; determines the need for ROUTINE/URGENT or EMERGENCY appointment and links to Medicaid endorsed provider for ENHANCED BENEFITS according to DMH timelines

↓

Provider submits Registration Form to LME (items A-J; 49-55) within 5 business days of initial face-to-face session

↓

LME completes data entry of STR Registration Form and submits Screening Record to CDW

↓

Provider completes PCP Admission Form and submits to LME along with Person-Centered Plan within 30 days from service initiation

Provider submits concurrent authorization request to Value Options for additional services.

↓

LME completes data entry of PCP Admission Form and submits CDW admission record

NON-MEDICAID CONSUMERS

IPRS consumer contacts LME/STR; LME verifies Medicaid eligibility and screens for presenting problem triages for urgency

↓

LME assists consumers with access to COMMUNITY RESOURCES for consumers who do not need/want MH/DD/SA services

LME completes STR Screening Documentation in electronic information system; determines the need for ROUTINE/URGENT or EMERGENCY appointment and authorizes initial services according to DMH timelines

↓

Provider submits Registration Form to LME (items A-J; 49-55) within 5 business days of initial face-to-face session

↓

LME completes data entry of STR Registration Form and submits Screening Record to CDW

↓

Provider completes PCP Admission Form and submits to LME along with Person-Centered Plan within 30 days from service initiation

Provider submits concurrent authorization request to LME for additional services.

↓

LME completes data entry of PCP Admission Form and submits CDW admission record

System Triggers

Goal: Connect consumers with most appropriate best practice/EBP

- ❖ Utilize reports from liaisons (community, hospital, jail, juvenile justice, social services, peer support)

- ❖ Perform case reviews

- ❖ Examine UM service recommendations

High Utilization

Goal: Track high utilizers across all systems to perform adequate follow-up

- ❖ Currently focus on hospital utilization

- ❖ Automatically obtain consumer's history of hospitalization over the past year

- ❖ Easily identify consumers with hospital stays of 20+ days for intensive follow-up

- ❖ Plan to incorporate jail, crisis center and other area hospital data as well

Outcome Measure Compliance

Goal: Link admissions & authorizations to completion of outcome measures

- ❖ Create PCP tracking database

- ❖ Compare in-house data with state-reported LME compliance

- ❖ Continuously improve provider knowledge & accountability for measure completion

Provider Monitoring

Goal: Database tracks activity in the following areas:

- ❖ Clinical Quality Review
- ❖ Endorsement
- ❖ Incident
- ❖ Routine
- ❖ Technical Assistance

Provider Monitoring

Goal: Database tracks activity in the following areas:

❖ Post-Payment Reviews

❖ CS – Audit POC follow-up

❖ Complaint

❖ Contract

Provider Monitoring

Future Database

- Build one database for all to access!

- Ensure up-to-date information across all departments

- Generate comprehensive reports for internal and/or external purposes

- Use consumer-based or provider-based data to refine service authorization and utilization

With most pieces in place, where will we all go from here?

To Consider

❖ How can you use your data to report to external sources, including area board, state, county commissioners and other stakeholders?

❖ How can you use your data to report to internal sources, including management and other LME departments?

❖ Overall, what do you want to accomplish with data collected through these efforts?

Questions?

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THE
DURHAM CENTER
Managing Behavioral Health & Disability Services

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